



MONTGOMERY BAR FOUNDATION

Montgomery Bar Foundation Fellows Program – Paralegals



I am pleased to support the Montgomery Bar Foundation in its efforts to foster equal access to justice by joining the Bar Foundation Fellows Program. As a member of the Montgomery County Paralegal Association, I understand participation in the Fellows Program is conditioned upon a contribution in an amount of \$100.00 per year for a minimum of five (5) consecutive years.

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Signature: _____

I pledge to pay the paralegal rate of \$100.00 per year
for each of the next five (5) consecutive years.

Check Enclosed Please bill me Please contact me

Please complete and return to:

Montgomery Bar Foundation
Attention Hazel Bergquist, Accounting Department
P.O. Box 268, Norristown, PA 19404-0268
Email: mail@montgomerybarfoundation.org | Fax: 610.279.4321